


FILE NOW: FILING FEE IS \$61.25

FILED
RE Jun 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F93000000014 (1)

1. Corporation Name

SOCCER IN THE STREETS, INC.



Principal Place of Business	Mailing Address
3844 BOLT AVE. JACKSONVILLE FL 32207	3844 BOLT AVE. JACKSONVILLE FL 32207-6738

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/31/1992		3a. Date of Last Report 04/19/1996	
21		26		4. FEI Number 58-1874451		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip		25 Country		29 Zip		30 Country	
24		25		29		30	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DORTCH, EVA F 3844 BOLT AVE. JACKSONVILLE FL 32207				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL 85 Zip Code			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DC	<input type="checkbox"/> DELETE		1.1 TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	DORTCH, EVA F			1.2 NAME	McArthur Smith		
STREET ADDRESS	3844 BOLT AVE.			1.3 STREET ADDRESS	4642 Fairleigh Ave.		
CITY-ST-ZIP	JACKSONVILLE FL 32207			1.4 CITY-ST-ZIP	Jacksonville, FL 32209		
TITLE	SD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	DAVIS, LORETTA E			2.2 NAME	T. Brad Huntley		
STREET ADDRESS	907 ASHTON ST.			2.3 STREET ADDRESS	8202 Bateau Rd., S.		
CITY-ST-ZIP	JACKSONVILLE FL 32208			2.4 CITY-ST-ZIP	Jacksonville, FL 32216		
TITLE	XX	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	CT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ANTHONY, MARY			3.2 NAME	Nathan Philyaw		
STREET ADDRESS	4027 BENDER RD.			3.3 STREET ADDRESS	5762 Teeler Ave.		
CITY-ST-ZIP	JACKSONVILLE FL 32207			3.4 CITY-ST-ZIP	Jacksonville, FL 32208		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)